

Eunha Healthcare Ltd

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Inspection report

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Date of inspection visit:
09 November 2022

Date of publication:
23 November 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Eunha Healthcare Ltd is a domiciliary care service providing the regulated activity personal care which is help with tasks related to personal hygiene and eating, in people's own homes. At the time of our inspection there were 5 people receiving personal care using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Staff recruitment processes were not robust and required improvement to ensure people were supported and cared for by staff who had been vetted in a timely manner to determine their suitability to work with people.

Improvements were needed to ensure staff had a programme of induction.

Improvements were needed to ensure staff undertook training in a timely way. Staff had not undertaken training in some important topics related to the promotion of people's safety, or linked to people's needs, which included, safeguarding and infection prevention and control.

Improvements were needed to ensure staff consistently received ongoing support and guidance through supervision and the assessment of their competence to fulfil their role.

Systems and processes to monitor the quality of care provided need improvement. Monitoring of records was limited to one audit as to the content of daily records completed by staff about the care they provided. We found missing staff signatures on a person's medication administration records. These had not been audited. The registered manager was unaware of the missed signatures and therefore a missed opportunity to learn lessons and bring about the necessary changes to bring about improvement.

Improvements were needed to ensure the registered manager followed the provider's policies and procedures for governance and the recruitment, induction, training and ongoing support of staff.

Systems and processes were in place to support people's safety. People's needs, including their safety were assessed and monitored. People and family members said the service was reliable. People's needs in relation to their medicines were recorded within their care records. People and family members told us staff wore aprons, masks and gloves to help reduce the risk of cross infections.

People's needs were assessed and kept under review. People, and in some instances family members were involved in the assessment process. People's health care needs were documented and staff liaised with

health care professionals when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and family members spoke of the kind and caring approach of staff. People told us they were actively involved in decisions about their care, and that their views were respected by staff.

People were involved in the development and reviewing of their care and support package. People were aware of how to raise a concern and spoke of any concerns they had raised were listened to and acted upon.

People's views and that of staff members were sought through surveys. People's and family members feedback was in the main positive. Staff feedback was positive regarding support provided by the management team. However, some staff had said they would like classroom-based training in addition to on-line training, which the registered manager had acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23 September 2021 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what action enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staff recruitment, induction, training and ongoing monitoring and support, including supervision. We have found systems and processes were not sufficient to monitor the quality of the service, and that the provider's policies and procedures were not followed in full.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Eunha Healthcare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 November 2022 and ended on 14 November 2022. We visited the location's office on 9 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 family members about their experience of the care provided. We spoke with the registered manager, the administrator and 2 care staff.

We reviewed a range of records. This included 2 people's care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring, minutes of meetings and staff training.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Improvements were needed to staff recruitment procedures. Staff recruitment practices were not robust or carried out consistently in line with the provider's policy and procedure. For example, staff files viewed contained one reference, there was no record of the interview, and gaps in education and employment had not been recorded as being explored.
- Staff had commenced their employment, some working many months before a Disclosure and Barring Service (DBS) check had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

The provider had failed to ensure systems and process for the recruitment of staff were robust and effective. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Family members told us the service was reliable and staff arrived on time and stayed the agreed length of the care call.

Using medicines safely

- Improvements were needed to ensure the systems and processes for the safe management of people's medicines were consistently followed by staff. For example, medication administration records for a person had some missed staff signatures. This meant the provider could not be assured the person had received their medication as prescribed. The registered manager told us they were confident the person had taken their medication, as the person involved was knowledgeable and fully understood what medicine they were prescribed.
- Improvements were needed to how staff's competency in medicine management was determined. Staff records confirmed they had been assessed by the registered manager as competent to administer medicine. However, there was no evidence as to the criteria used to determine staff's competency. The provider's policy referred to staff being assessed; however it did not detail how. The registered manager told us their assessment of staff's competence was based on their observations.
- Family members spoken with confirmed either staff or themselves administered medicine to their relative, family members were confident their relative's medicine was being managed safely and told us staff were supportive. For example, chasing the pharmacist when medication had not been delivered.
- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicine. Where support was required,

people's care plans identified the name of the medicine, the dosage and time it was to be given, and the level of support the person required and the role of staff.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. However, improvements were needed to ensure staff were familiar with these.
- Staff stated they would alert the registered manager to any concerns they had about potential abuse. However, they were not fully confident in all types and forms of abuse.
- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission. To date, there had not been a need to do this.

Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Family members told us staff wore personal protective equipment (PPE), which included gloves, aprons and masks when providing personal care.
- Surveys completed by people and family members as part of the provider's quality monitoring process confirmed staff wore PPE.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care. Potential risks were assessed and kept under review to promote people's independence and safety.
- Potential risks were considered as part of the assessment process. The person or their representative were involved in any decisions to minimise potential risk. For example, by identifying any equipment, and how it was to be used safely to support people with their mobility.

Learning lessons when things go wrong

- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the CQC and the local authority.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Improvements were needed in the induction training, ongoing support and monitoring of staff to ensure staff had the skills and necessary knowledge to meet people's needs and provide good quality care.
- The registered manager did not have an induction programme in place for new staff. There was no information in staff files to evidence a period of induction or support had been provided. The registered manager when asked, said they were aware of The Care Certificate which is an agreed set of standards that define the knowledge and skills and behaviours expected of specific job roles and should be used on induction.
- Staff's experience of induction differed, a staff member told us they had worked alongside experienced staff, whilst another member of staff said their induction had taken place over the phone.
- The registered manager did not have a system to ensure staff accessed training in a timely manner upon commencement of their employment.
- The staff training matrix had gaps showing some staff had not undertaken training in key topics related to people's safety such as infection prevention measures, safeguarding and health and safety; along with training in topics specific to people's needs, for example, dementia awareness or mental health.

The provider had failed to ensure staff induction, training and learning was undertaken in a timely manner to ensure staff were competent and able to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they commenced using the service to ensure their needs could be met. For example, assessing people's need with regards to the delivery of personal care and mobility issues.
- A family member told us they had been involved in the assessment of their relative's needs, and had provided comprehensive information about their needs, including how they communicated and expressed themselves, their likes and preferences.
- Assessments of people's needs considered their protected characteristics as defined under the Equality Act, to ensure there was no discrimination and the service was able to meet a person's assessed needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were considered as part of the assessment process. Where people required support in the preparation and consumption of drinks and food this was detailed within their care records.
- People's care records contained personalised information as to people's likes for food and drink and included key information to ensure people had sufficient to drink and eat. For example, by stating staff

needed to ensure drinks were placed within reach of people, who could not independently make drinks for themselves.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive timely support with their healthcare needs. For example the registered manager had liaised with health care professionals to undertake an assessment to identify whether additional equipment was required in the person's home to both promote the person's independence and support staff in the safe delivery of care.
- People's records provided information as to people's health care needs and known health conditions. This enabled staff to better understand people's needs and the impact this had on the person's day to day life so as staff could provide the appropriate support and care.
- Information identifying health care professionals involved in people's care, and their contact details were contained within people's records. For example, their doctor or district nurse. Staff alerted health care professionals where they had concerns about people's health and well-being.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's capacity to make informed decisions were considered as part of the assessment process.
- Family members where appropriate were involved in decisions relating to people's care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion.
- Family members spoke of the kindness and caring approach of staff. A family member told us, "The staff are very kind and caring."
- People's care records were written by staff in a respectful manner with consideration to the words used to detail the care and support provided.
- People's care records provided information as to what was important to them, such as family or any beliefs they held, which were to be considered when supporting and caring for them.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in all decisions about their care. A family member told us, "My [relative] very much speaks out about the care and support they both want and need and is confident to say how their care should be provided."
- People and where appropriate their family members had access to their care records kept in their home, which provided a record of the care provided at each visit.
- Family members told us staff kept them informed of any concerns they had regarding their relative's health and wellbeing. A family member said, "If staff have any concerns, they contact me."
- The registered manager provided information to people to support them should they need advice or support. For example, contact details for their local social services department and agencies who provide an advocacy service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. A family member told us, "Staff always close the bedroom door, and curtains."
- Staff encouraged people to be as independent as possible. People's care records contained clear information as to what people could do independently without the support of staff, and where support was required clear instructions guided staff as to the support needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's packages of care were personalised and tailored to meet their needs and included information as to their preferences. For example, where they wished their personal care to be provided such as sitting on the bed or in the bathroom.
- Family members spoke positively about the care they received. A family member told us, how staff used distraction techniques to deescalate anxiety and distress caused by over stimulation of their relatives' senses. The information provided by the family member was consistent with the information within the person's care records, which showed care records provided an accurate account of people's needs.
- At the time of the inspection no one using the service was in receipt of end of life care. The registered manager was aware of the need to respect people's end-of-life preferences to including religious and cultural wishes and to document these within people's care records.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of the assessment process and documented within their care records. For example, whether assistance with communication was needed such as the wearing of glasses or hearing aids.
- A person's care records provided clear information as to how staff should respond to their gestures and behaviour to interpret what they were communicating. A family member spoke positively about staff being able to recognise through observations the wishes of their relative in meeting their needs. They told us, "Very pleased and lucky, we've got a good support worker."

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to people's concerns and complaints.
- Family members told us they were aware of how to raise concerns and were confident that should they do so, that the registered manager would listen and take any action required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's systems and processes had failed to identify their policies and procedures for the recruitment, induction, monitoring and training of staff were not consistently applied.
- Staff had sometimes been recruited without the benefit of a robust screening process to ensure they were suitable to work with people.
- The registered manager did not provide staff when they started work with an induction programme, nor did they ensure staff undertook training relevant to their role in a timely manner.
- The registered manager did not consistently support or monitor staffs' performance. Staff were not always supported through supervision or had their competency assessed against measurable criteria to ensure they were providing good quality and safe care.
- The provider's systems and processes to monitor the quality and safety of the care provided were insufficient to assure themselves of all aspects of care delivery. The provider's audits were limited to reviewing the records completed by staff as to the care and support they provided.
- Improvements were needed to the monitoring of quality performance through auditing. For example, the registered manager had not audited people's medication administration records and was unaware staff were not always signing records. This meant there were missed opportunities for lessons to be learnt and improvements to be made.

The provider had failed to ensure systems or processes to monitor the safety and quality of the service provided were effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Family members were complimentary about staff. A family member said, "They're [staff] are all very good." A second family member said, "I don't think they [staff] could do anymore."
- Audits were undertaken of records completed by care staff to ensure they accurately reflected the care and support people required and provided a clear and full account as to the care provided, without using words which could be considered as judgemental or without consideration to people's dignity.
- The registered manager said they were researching a number of electronic monitoring and care system providers. They said they hoped to introduce such a system in the near future to enable them to store care records, and schedule and monitor care calls electronically.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes were in place to seek and receive feedback about the service.
- People had recently had the opportunity to provide feedback about the service by completing a survey. The results of surveys were mostly positive. The registered manager told us about any areas for improvement or suggestion were responded to on an individual basis.
- Staff views had been sought via a recent survey which showed staff felt supported by the registered manager. Some staff had identified training and the style of training as an area for improvement. For example, more classroom based and practical learning. The registered manager had acted and had organised some classroom-based learning.
- Family members told us they would recommend the service as it was reliable, and staff provided good quality care. A family member said. "They're [staff] are all very good." Family members told us communication between themselves, and the registered manager worked well.
- Staff spoke positively about the support they received from the registered manager, which included almost daily phone calls to ask how both they and the clients were. A staff member told us, "It's a very good company. I feel at ease and its very friendly."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements. They had sent notifications to the Care Quality Commission as required by law.

Working in partnership with others

- The registered manager liaised with a range of health and social care professionals to achieve the best quality outcomes of care and support for people living in their own homes.
- The registered manager told us they were a member of Skills for Care registered managers forum. This provided an opportunity to share ideas and information with those in a similar position.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure sufficient systems and processes to monitor the safety and quality of the service provided were in place and were robust and effective.</p> <p>The provider had not adhered to their policies and procedures.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure systems and process for the recruitment of staff were robust and effective.</p> <p>Staff DBS checks were not undertaken in a timely manner upon commencement of employment.</p> <p>Records were not kept of staff interviews.</p> <p>Gaps in application forms in relation to staff education and or employment were not explored with prospective candidates and their responses recorded.</p> <p>Staff recruitment records did not evidence sufficient references were or had been sought.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p>

The provider had failed to ensure staff were competent and knowledgeable to enable them to meet people's needs, promoting safety and quality of care.

The provider did not have a robust induction and training programme, or a programme of continued support through ongoing monitoring of staff's competency, including supervision and appraisal.